



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



CONFIRMATION NO. 3966

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/837,844   | <b>FILING DATE</b><br>04/18/2001<br><b>RULE</b>   | <b>CLASS</b><br>386           | <b>GROUP ART UNIT</b><br>2615   | <b>ATTORNEY DOCKET NO.</b><br>PD-200297 |
| <b>APPLICANTS</b><br>Adrian Yap, Gaithersburg, MD;<br>Michael Ficco, Silver Spring, MD;<br>Robert Davis, Woodbine, MD;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/766,252 01/19/2001<br>WHICH IS A CIP OF 09/533,843 03/23/2000<br>THIS APPLICATION 09/837,844<br>CLAIMS BENEFIT OF 60/199,438 04/25/2000   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/12/2001</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>109              |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2          |
| <b>ADDRESS</b><br>Hughes Electronics Corporation<br>Patent Docket Administration<br>Bldg. 1, Mail Stop A109<br>P.O. Box 956<br>El Segundo, CA 90245-0956   |   |                               |   |   |
| <b>TITLE</b><br>DVR with enhanced functionality  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>2312   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |



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Bib, Data Sheet

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